



ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS
SAFER COMMUNITIES THROUGH SUCCESSFUL YOUTH

Sexual Behavior Treatment Program

Arizona Department of Juvenile Corrections

August 2, 2013

A large, stylized outline of the state of Arizona serves as the background. The top half of the map is filled with a sunburst pattern of alternating yellow and pink rays. The bottom half is a solid light blue. A large, faint orange star is centered behind the text. The words "JUVENILE" and "CORRECTIONS" are written in orange, all-caps, sans-serif font across the blue section of the map.

Safer Communities Through Successful Youth

**JUVENILE
CORRECTIONS**

Secure Care Therapeutic Environment

RISK AND NEEDS ASSESSMENT



Risk and Needs Assessment

Reception, Assessment and Classification (RAC)

- All new admissions from the 15 Arizona County Juvenile Courts undergo a comprehensive screening, assessment and classification review and an orientation regarding ADJC procedures, rules, programs, and services.
- The following screening and assessment instruments are administered by case managers, diagnosticians and qualified mental health professionals to identify mental health, criminogenic risk, substance use and other specialized needs (trauma, self injury, sexual offending, etc.).
 - Massachusetts Youth Screening Inventory (MAYSI-II)
 - Personality Assessment Inventory (PAI)
 - Test for Adolescent Basic Education (TABE)
 - Dynamic Risk Instrument (DRI)
 - Criminogenic and Protective Factors Assessment (CAPFA)
 - Trauma Symptom Checklist for Children (TSC-C)
 - Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)
 - Juvenile Sex Offender Assessment (JSOAP-II), if history of sexual offending
 - In the near future the AZYAS Residential Tool will be completed, if one has not been conducted by the committing county.



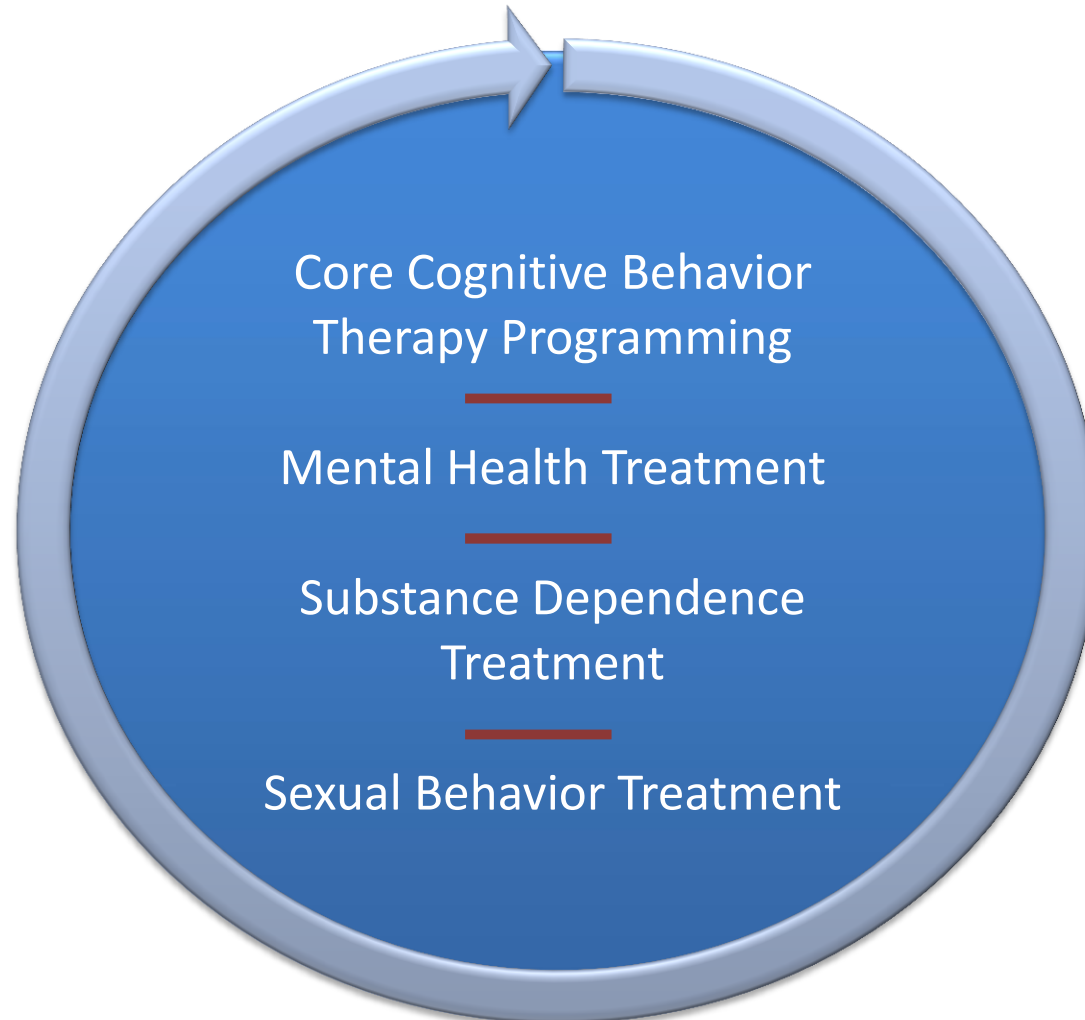
Risk and Needs Assessment

Reception, Assessment and Classification (RAC)

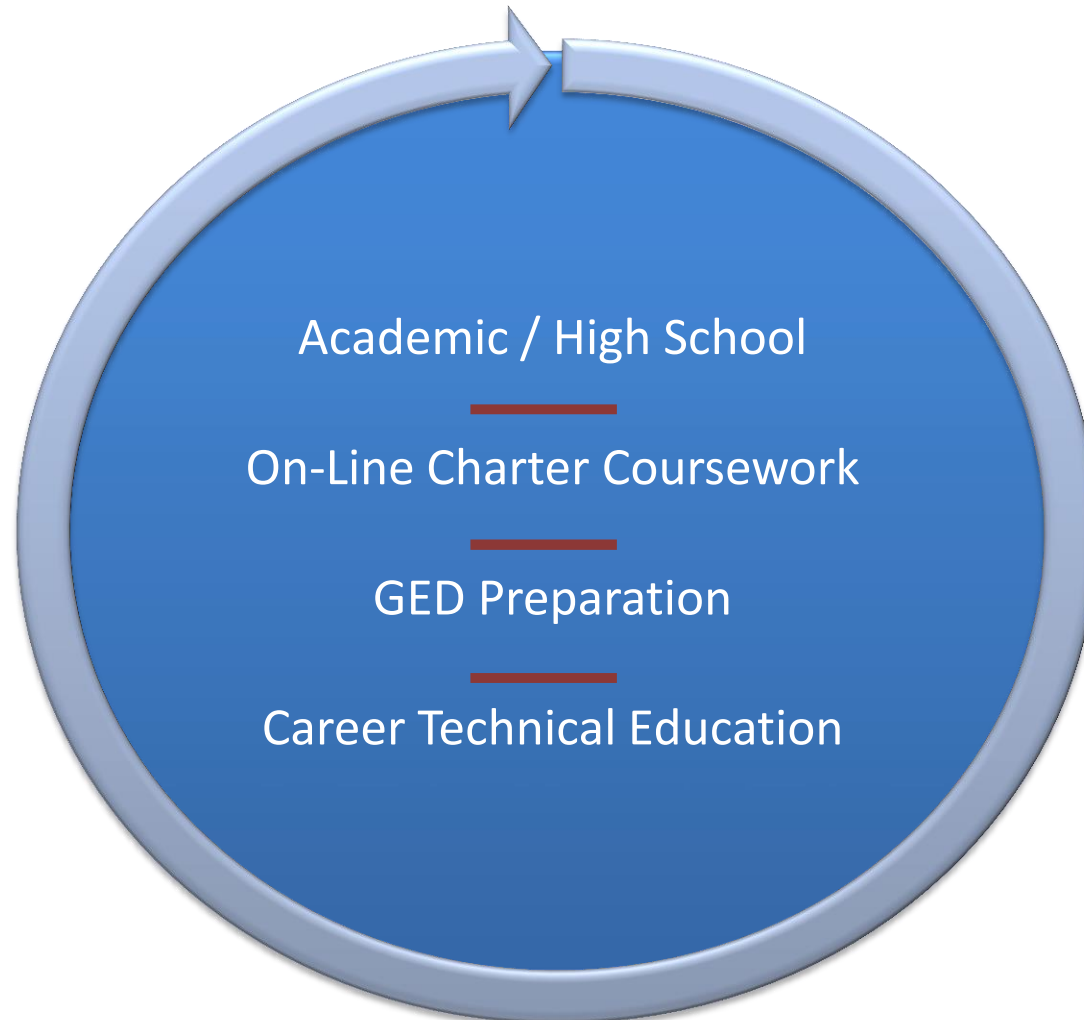
- The youth's legal commitment to ADJC is verified, photographs taken, finger prints obtained and DNA testing completed if applicable.
- The youth receives a medical evaluation consisting of a dental, vision and physical exam.
- The youth is reviewed for any level of gang activity.
- Upon completion of all identified and required screenings and assessments, a Classification Assessment Summary (CAS) is completed, and the youth is assigned to a housing unit to develop case plan goals and begin assigned programming.
- The RAC process provides necessary information to enable ADJC to develop an individualized case plan based upon the youth's specific needs and criminogenic risk, that includes:
 - Individualized treatment and programming
 - Education placement and coursework
 - Pro-social activities



Treatment and Programming



Education



Pro-Social Activities



Sexual Behavior Treatment Program

- **Target Population:**

- Any juvenile charged with and/or adjudicated for any sexual offense(s) per ARS§13-14 OR that has a J-SOAP score & spent any amount of time in the sexual behavior treatment program (SBTP) (Units Journey or Nova).
- Youth who have sexually acted out while in secure care can be referred for SBTP. These types of cases are reviewed case by case to determine if they require placement in SBTP.

- **Length of Stay:**

- The duration of the treatment program is a minimum of 6 months.
- The average length of stay is between 9 and 12 months.
- The main determining factor for how long a youth will stay in the program beyond 6 months depends on the youth and his readiness for treatment. Some youth may struggle with engaging in the treatment process, while others have deeper more complicated issues requiring a longer duration of treatment (i.e., trauma, substance abuse, mental illness).



Sexual Behavior Treatment Program

- **SBTP Mission:**

- The ADJC Sexual Behavior Treatment Program enhances public safety by providing youth with effective evidenced based treatment to eliminate further sexual offending behaviors.

- **Program Objectives:**

- The SBTP will accurately identify factors that contributed, created, and maintained maladaptive, unhealthy, and victimizing sexual behaviors.
- The SBTP will provide treatment focused on enhancing protective factors and decreasing risk factors for sexual reoffending.
- The SBTP will treat the whole youth, addressing co-occurring problems such as, but not limited to, delinquency, trauma, substance abuse, and other mental health issues.
- The SBTP will monitor and communicate youth's progress to the appropriate parties in accordance with ADJC policies and procedures.
- The SBTP will continually monitor and adjust effectiveness of its program components.
- The SBTP will individualize programming to address each youth's primary problem areas.



Sexual Behavior Treatment Program

- **Theoretical Basis of Treatment:**

- Motivational Interviewing: Based on collaboration instead of confrontation, evocation (drawing out, rather than imposing ideas), and autonomy rather than authority. The treatment team expresses empathy, support self-efficacy, roll with resistance, and develop discrepancy.
- Good Lives Model: Based on belief that people commit sexual offenses because they lack the opportunity and/or the ability to acquire important things in their lives, and sexual offending is regarded as a pattern of behavior that is developed over time through modeling and learning. The cognitive-behavioral treatment aims to teach skills to youth that will help them cope with (and feel able to cope with) the problems and difficulties that life brings. There is also a strong emphasis on the therapeutic alliance between youth and therapist as this has been found to be associated with reduced recidivism, specifically for sexual offenders (Wong, Witte, and Nicholaichuk, 2002).



Sexual Behavior Treatment Program

- **Theoretical Basis of Treatment:**

- Pathways: This model uses a low emotional risk educational approach to begin to help clients feel accepted and optimistic about their potential for successful treatment. It provides basic information about sexuality and arousal control. Based on belief that adolescents benefit from immediate education and guidance about how to cope with their sexual feelings. It recognizes that not every adolescent with a sexual behavior problem has an identifiable cycle.
- Dialectical Behavioral Therapy (DBT) is the main skill building component of the treatment program. Through DBT, youth are taught skills which increase their ability to have healthy and effective interpersonal relationships, to effectively regulate their emotions/moods, and to effectively tolerate distress.



Sexual Behavior Treatment Program

- **Treatment Delivery:**

- Each week each youth receives 3 SBT groups, 1 DBT group, 1 Healthy Sexual Education group, and 1 Process group.
- Psycho-Educational Groups (SBT, DBT, Healthy Sex Ed) are facilitated by the YPO III and focus on basic concepts and competencies.
- Process Groups are facilitated by the PSA, Psychologist, or doctoral-level practicum student focused on assisting youth with processing thoughts and emotions that inherently surface.
- Two forms of written treatment work are provided:
 - Treatment Packets are provided and monitored by the YPO III to help teach youth terms and concepts related the SBTP competencies, as well as a means for checking for understanding.
 - Treatment Books are provided and monitored by the PSA as an ongoing dialogue for applying terms and concepts on an individual and personal level. This also provides an opportunity to therapeutic treatment processing.
 - Supportive Counseling is provided ongoing and when needed for a variety of reasons from stabilizing crisis to reviewing treatment work.



Sexual Behavior Treatment Program

- **Supplementary Treatment Modalities Include:**

- Individual Psychotherapy Sessions are provided for youth that have been given a mental health classification and service level from RAC, and/or have been deemed to need such sessions by the SBTP Treatment Team.
- Substance Abuse Focused Psychotherapy Groups are provided for youth with a substance abuse service level.
- Seeking Safety Groups are provided for youth with traumatic experiences and deemed appropriate/ready by the SBTP Treatment Team to begin addressing these issues.
- Psychiatric Services are provided for youth entering program with psychiatric treatment already in place. Services are also provided to youth who are identified as in need of psychotropic medication per recommendation by treatment team and evaluation by psychiatrist.



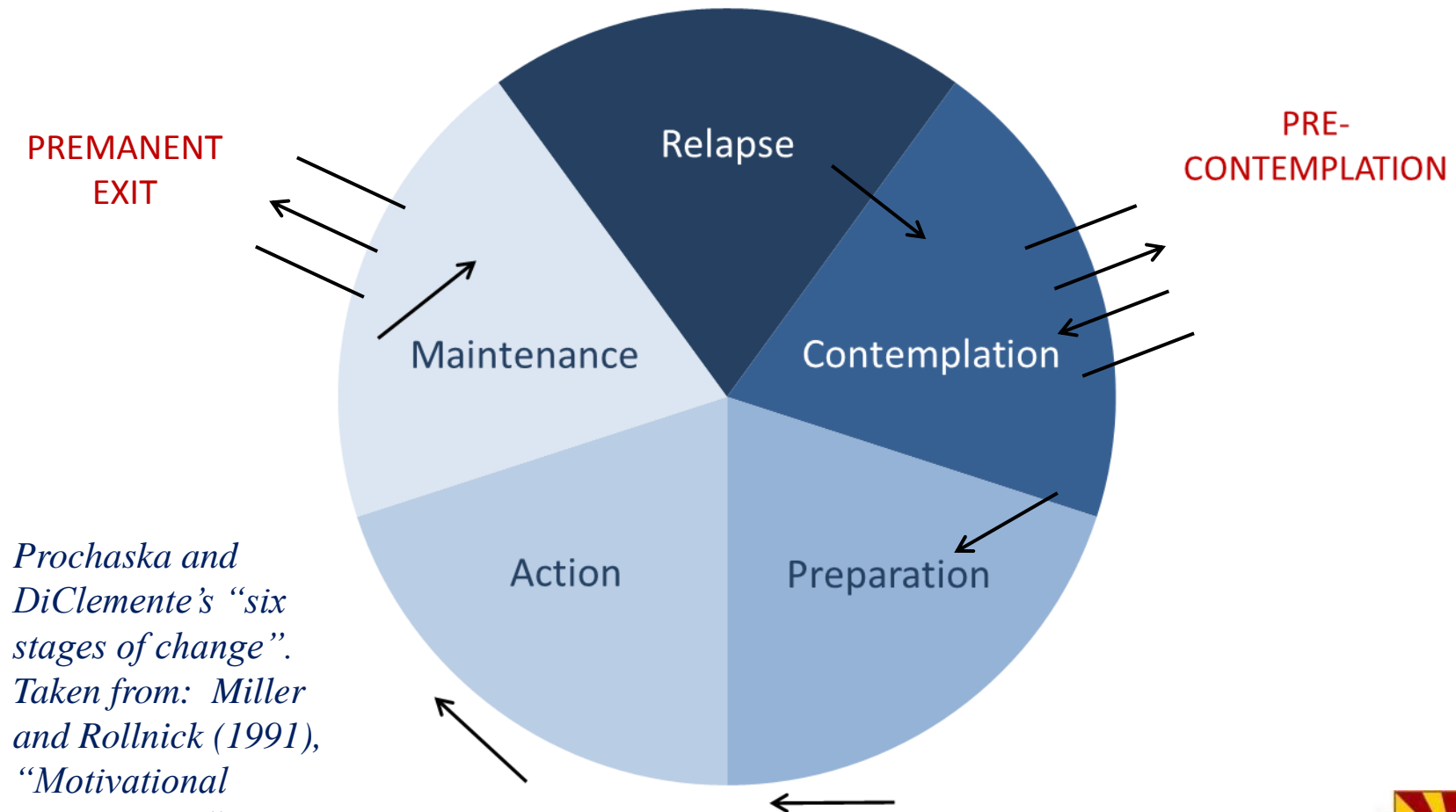
Sexual Behavior Treatment Program

- **Basic Standards for Advancement to Next Stage:**

- Satisfactory completion of all stage competencies as determined by the YPO III.
- Effective and accurate application of terms and concepts learned in stage within the Treatment Book dialogue as determined by the PSA.
- Significant progress or completion of treatment objectives identified and listed on CCP by PSA.
- Active participation in all groups as determined collectively by all group facilitators.
- Meeting of minimal behavioral expectation as determined by Treatment Team (4 out of 6 weeks positive behavior)
- Passing grades and/or sufficient effort demonstrated as reported by educators.



Stages of Change



Prochaska and DiClemente's "six stages of change". Taken from: Miller and Rollnick (1991), "Motivational Interviewing", Guilford Press.

Sexual Behavior Treatment Program

- **Stage 1 – Orientation / Rapport Building / Program Preparation**

(Pre-contemplative to contemplative stage of change)

- Primary Focus: The first stage of treatment lays the foundation for the rest of the treatment process. Building trust and relationships with the treatment team is main focus.
- Competency Focus (psycho-educational groups and Treatment Packets): The competencies center on teaching the youth basic terms and concepts related to sexualized behaviors, law, and basic sexuality. They also receive skill building focused on mood management and communication skills.
- Psychotherapy Focus (Treatment Book): Assist youth with sharing their thoughts, feelings, and understanding about themselves, their experiences, and the world around them. The focus of this stage is to foster honesty and provide many opportunities for the youth to share about themselves. The PSA will continue to assess for identification of protective and risk factors to be addressed in later stages. The PSA will continue to strive to challenge youth to explore deeper understanding of himself. Motivational Interviewing techniques are used including the expression of empathy, rolling with resistance, and development of discrepancy in order to begin enhancing discrepancy between where they are and where they want to be.



Sexual Behavior Treatment Program

- **Stage 2 – Self-Awareness**

(Contemplative to preparation stage of change)

- Primary Focus: The second stage of treatment guides the youth into the process of change. The primary focus of this stage is to assist the youth with identifying a deeper understanding of his own cognitive and emotional processes and their impact on the decisions he has made in his life. The youth is challenged to take a critically assess and reflect on the choices he has made, and begin to recognize the reasons for and impact of those choices.
- Competency Focus (psycho-educational groups and Treatment Packets): The competencies center on teaching the youth about the connection between thoughts, feelings and behaviors. The youth are also taught about thinking errors, defining and understanding healthy and unhealthy sexuality, and given an introduction to the concept of the behavior cycle.
- Psychotherapy Focus (Treatment Book): A collaborate approach with the youth continues at this stage to draw out ambiguity about change, discrepancies between youth's life path so far, and the goals that he would like to achieve. The PSA assists youth with identification of his primary and secondary values (a.k.a. "good" per Good Lives Model). The youth is challenged to share more details regarding the events as circumstances around his offense, as well as explore his timeline of life's events. As the youth learns of healthy sexuality, fantasy scripts and deviancy management is addressed. Assessment for risk and protective factors are ongoing as the PSA also strives to assess the youth's capacity for empathy and insight.



Sexual Behavior Treatment Program

- **Stage 3 – Skills Development / Trauma Processing**

(Contemplative to Preparation stage of change)

- Primary Focus: It is assumed, at this stage, the youth has come to a degree of acceptance of his sexual behavior problem as a new understanding of subsequent issues such as anger management, social skills deficits, depression, substance abuse issues, etc. The primary focus at this stage of treatment is to be build the skills necessary to manage and overcome these barriers to success and building of a healthy law abiding lifestyle.
- Competency Focus (psycho-educational groups and Treatment Packets): The competencies learned at this stage are formulated to assist the youth with understanding healthy sexuality, healthy/non-victimizing relationships, empathy, and an introduction to relapse prevention planning. A strong emphasis on change is demonstrated at this stage, as youth are taught skills to enable them to build healthy relationships, practice healthy sexuality, interrupt a negative sexual behavior cycle, avoid/cope/escape high risk situations and seemingly unimportant decisions, and use of empathy.
- Psychotherapy Focus (Treatment Book): Continued use of Motivational Interviewing techniques are used at this stage as the PSA continues to encourage “change talk” as well as exploring of goals and values. The youth are guided through a process in which they explore their offense stories and identify reasons for acting out, protective factors, strengths, and resiliency that will help them avoid acting out in the future. The therapeutic process at this stage is highly individualized as a youth with a trauma history to be processed, or substance abuse to address, will be provided treatment that appropriately meets their unique need.



Sexual Behavior Treatment Program

- **Stage 4 – Planning for Relapse Prevention**

(Preparation to Action stage of change)

- Primary Focus: The primary focus is to put everything learned together in order to create a plan for avoiding relapse. Youth are reminded of the skills and understanding of self that they have gained over the course of their treatment. More detailed plans are devised regarding what will happen after they are released. Typically, a youth's JCRB is set 6-8 weeks after the youth enters stage 4 of his treatment.
- Competency Focus (psycho-educational groups and Treatment Packets): Relapse Prevention Planning is the primary focus of all competencies at this stage. Competencies aim to assist a youth through the components of relapse prevention planning including identification of high risk situations and behavior chains that could lead to relapse, external and internal barriers to relapse, personal goals, and support network. The youth are instructed to list as many predicted triggers and subsequent coping strategies as they can during this stage.
- Psychotherapy Focus (Treatment Book): The youth gains assistance with identification of "approach goals" (Good Lives Model) and personal assets. There is also an emphasis on conceptualizing their experience with change, as they are provided opportunity to take a step back and observe their life path, both past and present.



Questions?



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Dr. Rob D. Jones

Medical Director / Health Services Bureau Administrator

RDJones@azdjc.gov

602-770-1860

Dr. Jessica Leclerc

Psychologist II Sexual Behavior Treatment Program Director

JLeclerc@azdjc.gov

602-463-6389

Arizona Department of Juvenile Corrections

www.azdjc.gov

602-364-4051

